

RALPH S. INOUE CO., LTD. GENERAL CONTRACTING

04215

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
		Wahiawa District Park (retention)	948.00		948.00
	Balance:	\$1,580.00			
	-	632.00 (Jtck to Hi State Tax Collector)			
	\$	948.00 Due			
			\$ 948.00	\$	\$ 948.00

PLEASE DETACH AND RETAIN THIS PORTION

RALPH S. INOUE CO., LTD.  
GENERAL CONTRACTING  
2831 AWAHALOA ST.  
HONOLULU, HAWAII 96819

KALIHI BRANCH  
Bank of Hawaii  
HONOLULU, HAWAII

59-102  
1213

CHECK DATE	CHECK NUMBER
8/20/2001	41965

042159

PAY THIS AMOUNT

\$948.00

\*\*\*\* NINE HUNDRED FORTY EIGHT DOLLARS AND NO/100\*\*\*\*

PAY  
TO THE  
ORDER  
OF

Dynamic Interiors  
904 Kohou Street, #103  
Honolulu, HI 96817

*Ralph S. Inoue*

⑈042159⑈ ⑆121301028⑆ 0008⑈000999⑈

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER &amp; HAS A MICROPRINTED BORDER

59-177/1213

0579

**DYNAMIC INTERIORS, INC.**  
GENERAL ACCOUNT  
904 KOHOU STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

PAY  
AMOUNT  
OF

*One thousand only*

DOLLARS

CHECK  
AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
8/28/01	Hawaiian Carpenters Joint Trust Fund		579	\$ 1,000.00

HAWAII NATIONAL BANK  
HAWAII

MAIN BRANCH  
HONOLULU, HAWAII

*Edith V. [Signature]*

⑈000579⑈ ⑆121301772⑆

120⑈01112⑈

**D** **DYNAMIC INTERIORS, INC.**  
 GENERAL ACCOUNT  
 904 KOHOU STREET, SUITE 103  
 HONOLULU, HAWAII 96817  
 PHONE: (808) 841-0275

59-1771213

**PAY**  
 AMOUNT *Two hundred fifty six + 00/100*  
 OF

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
8/1/99	Carpenters Union Local 745	June Report	559	\$ 246.44

16040 **HAWAII NATIONAL BANK** MAIN BRANCH  
 HONOLULU, HAWAII

⑆000559⑆ ⑆121301772⑆ 120001112⑆ ⑆00000924554⑆

*Edo V. [Signature]*

Deposit to the credit of  
CARPENTER'S UNION, LOCAL 745  
U. B. OF C. AND J. OF A.  
4000-121025

6603 20541

→121301578←  
CENTRAL PACIFIC BANK  
222 N. SCHOOL ST., 4th Fl.  
HONOLULU, HI 96817  
→121301578←

JUN 27 '01

011027016 20010827 0003 0053 R04 P06  
4000121025 CENTRAL PACIFIC BANK  
HONOLULU, HI →121301578←

20010828 2000057000 000005700  
INCL  
+ + PAID + + PAID + + PAID + + PAID + +

# HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF		ACCOUNT NUMBER	
1 <b>September, 2001</b>		19041 DL	
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER	
LPRU 912			
EMPLOYER NAME AND ADDRESS			
DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817			
CARPENTER-DRYWALL 03/2001 DL			
IF THE ABOVE INFORMATION IS INCORRECT, PLEASE INDICATE CHANGES			
The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).		The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.	
I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.		SIGNED BY <i>[Signature]</i> TITLE <i>[Signature]</i>	

2 TOTAL HOURS WORKED  118  LIQUIDATED DAMAGES OR ADJUSTMENTS  TOTAL DUE EACH TRUST	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE)  TOTAL OF COLUMNS A-H
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	/HR	4.32 /HR	.50 /HR	5.00 /HR	4.55 /HR	4.92 /HR	5.50 /HR	.30 /HR	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$ 509.76	\$ 59.00	\$ 590.00	\$ 5	\$ 196.80	\$ 479.00	\$ 35.40	\$ 1819.96	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.  MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
	45%	50%			
CIRNELLOS		X		40	9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.  <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.  <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.
LILIKIO, NOKI				78	
SILVIERA, DAVID				6	
					10 RECEIVE DATE:  Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust



# HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

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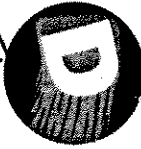
THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>1 September, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>	<p>The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation &amp; Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>
FEDERAL I.D. NUMBER <i>118</i>		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS  <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817</b>			
CARPENTER-DRYWALL <b>03/2001 DL</b>			SIGNED BY <i>[Signature]</i> TITLE <i>[Signature]</i>
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

<b>2 TOTAL HOURS WORKED</b>  <i>118</i>  LIQUIDATED DAMAGES OR ADJUSTMENTS  TOTAL DUE EACH TRUST	<b>3 COMPUTATION OF CONTRIBUTIONS</b>								<b>4 NOTE:</b> THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H <b>\$1819.96</b>
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY 45% FUND	F. FINANCIAL SECURITY 50% FUND	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	@ /HR	@ <b>4.32</b> /HR	@ <b>.50</b> /HR	@ <b>5.00</b> /HR	@ <b>4.55</b> /HR	@ <b>4.92</b> /HR	@ <b>5.50</b> /HR	@ <b>.30</b> /HR	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$ <b>509.76</b>	\$ <b>59.00</b>	\$ <b>590.00</b>	\$ <b>539.00</b>	\$ <b>196.80</b>	\$ <b>429.00</b>	\$ <b>35.40</b>	

<b>5 EMPLOYEE'S NAME</b> LAST NAME & 1ST INITIAL	APPRENTICE		<b>6 SOCIAL SECURITY NUMBER</b>	<b>7 TOTAL HOURS</b>	<b>8 APPLICABLE PAYMENT:</b> THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.  <b>MAIN BRANCH</b> <b>FIRST HAWAIIAN BANK</b> <b>TRUST GROUP</b> <b>P.O. BOX 3708</b> <b>HONOLULU, HAWAII 96811-9988</b>
	45%	50%			
CIRIELLOS		X		40	<b>9 NO EMPLOYEES:</b> THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.
LACRIO, NCKI				78	
SILVIERA, DAVID				6	

### 10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust



**DYNAMIC INTERIORS, INC.**

GENERAL ACCOUNT  
904 KOHOU STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

PAY  
AMOUNT  
OF

Five thousand six hundred forty two + 57/100

0604

59-177/1213

EXPLANATION	AMOUNT

TO THE ORDER OF

DESCRIPTION

CHECK  
NUMBER

CHECK  
AMOUNT

DATE

9/5/01 Hawaii Capabilities Ltd Trust Funds

July 2001 Report

1004

\$ 5,642.57

HAWAII NATIONAL BANK  
MAIN BRANCH  
HONOLULU, HAWAII

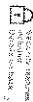
*Edith V. [Signature]*

⑈000604⑈ ⑆121301772⑈

120⑈01112⑈

⑈0000564257⑈

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW





042420

RALPH S. INOUE CO., LTD. GENERAL CONTRACTING

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
2047A	08/25/2001	KAPOLEI CIVIC CTR	4,035.68	0.00	4,035.68
			\$ 4,035.68	\$ 0.00	\$ 4,035.68

PLEASE DETACH AND RETAIN THIS PORTION

**RALPH S. INOUE CO., LTD.**  
 GENERAL CONTRACTING  
 2831 AWAAMALOA ST.  
 HONOLULU, HAWAII 96819

KALUHI BRANCH  
 Bank of Hawaii  
 HONOLULU, HAWAII

59-102  
 1213

042420

CHECK DATE	CHECK NUMBER
10/01/2001	42420

PAY THIS AMOUNT

4,035.68

\*\*\* Four Thousand Thirty Five Dollars and Sixty Eight Cents \*\*\*

PAY  
 TO THE  
 ORDER  
 OF  
**DYNAMIC INTERIORS  
 AND HAWAII CARPENTERS JOINT TRUST FUNDS  
 1711C AKAHI STREET  
 HONOLULU, HI 96819**

⑈0⑆2⑆20⑈ ⑆⑆⑆⑆30⑆028⑆ 0008⑈000999⑈





Honolulu, Hawaii 19

1100908511 1:1213010151: 65117643211



**DYNAMIC INTERIORS, INC.**

GENERAL ACCOUNT  
904 KOHOU STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

59-177/1213

0647

PAY  
AMOUNT  
OF

*Eigley Dollars and 96/100*

TO THE ORDER OF

DATE

9/26/01

CHC PENTESTER FUND

DESCRIPTION

Friings 5/01

DOLLARS

CHECK  
NUMBER

0647

CHECK  
AMOUNT

\$ 80.96

EXPLANATION

AMOUNT

HAWAII NATIONAL BANK  
HONOLULU, HAWAII

MAIN BRANCH

*Edie V. Aguiar*

⑈000647⑈ ⑆121301772⑆

120001112⑈

⑈0000008095⑈

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW





## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF

ACCOUNT NUMBER

1 October, 2001

19041 DL

FEDERAL I.D. NUMBER

STATE LICENSE NUMBER

## EMPLOYER NAME AND ADDRESS

DYNAMIC INTERIORS, INC.  
904 KOHOU STREET  
SUITE 103  
HONOLULU, HI 96817

DRYWALL JOURNEYMAN 09/2001 DL

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

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I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

SIGNED BY

TITLE

2 TOTAL HOURS WORKED

## 3 COMPUTATION OF CONTRIBUTIONS

4 NOTE: THIS REPORT IS ONLY FOR:

- ☐ CARPENTERS  
☒ DRYWALL  
☐ CAB. SHOP  
☐ ALLIED CRAFTS  
(CHECK ONE)

TOTAL OF COLUMNS A-H

A.

B. HEALTH &amp; WELFARE

C. TRAINING &amp; RETRAINING

D. VACATION &amp; HOLIDAY

E. FINANCIAL SECURITY FUND 45%

F. FINANCIAL SECURITY FUND 50%

G. FINANCIAL SECURITY

H. MARKET RECOVERY

/HR

4.32 /HR

.50 /HR

5.00 /HR

4.64 /HR

5.02 /HR

5.50 /HR

.30 /HR

\$

\$ 192.36

\$ 49.00

\$ 490.00

\$ 6

\$ 40.16

\$ 495.00

\$ 29.40

LIQUIDATED DAMAGES OR ADJUSTMENTS

\$

\$

\$

\$

\$

\$

\$

\$

TOTAL DUE EACH TRUST

\$

\$ 192.36

\$ 49.00

\$ 490.00

\$ 6

\$ 40.16

\$ 495.00

\$ 29.40

\$ 1526.92

5

EMPLOYEE'S NAME  
LAST NAME & 1ST INITIALAPPRENTICE  
45% 50%

6

SOCIAL SECURITY NUMBER

7

TOTAL HOURS

8

APPLICABLE PAYMENT:  
THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.

CIRAZZOS, RICHARD

LAGRIO, MORI

8

90

MAIN BRANCH  
FIRST HAWAIIAN BANK  
TRUST GROUP  
P.O. BOX 3708  
HONOLULU, HAWAII 96811-9988

9

NO EMPLOYEES:  
THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH.  
PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

10

## RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall.) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust

Dynamic Ch# 720  
pl. \$1526.92



**DYNAMIC INTERIORS, INC.**

GENERAL ACCOUNT  
904 KOHOLO STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER.

EXPLANATION	AMOUNT

59-1777/213

0687

PAY  
AMOUNT  
OF

*The thousand eight hundred + 15/100*

DOLLARS

CHECK  
AMOUNT

CHECK  
NUMBER

687

\$ 1,016.15

DATE

10/31/01

TO THE ORDER OF

HAWAII CARPENTERS Joint Trust Fund September 2001

HAWAII NATIONAL BANK  
HAWAII  
MAIN BRANCH  
HONOLULU, HAWAII

*Edith V. Holder*

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈000687⑈ ⑆121301772⑆

120⑈01112⑈

⑈0000101615⑈





FOR DEPOSIT WITH  
FIRST HAWAIIAN BANK  
UNION BATCH  
Account No. 01-000934

ABSENCE OF ENDORSEMENT BY THE PAYEE OF  
THIS CHECK IS GUARANTEED AND PROTECTED BY  
FIRST HAWAIIAN BANK  
THE PAYEE'S ONLY APPOINTED AGENT

▶ 121301015 ◀  
FIRST HAWAIIAN BANK  
131 SOUTH KING ST.  
HONOLULU, HAWAII  
▶ 121301015 ◀

NOV - 5 01

Back of  
check #  
687

>121301015<

FIRST HAWAIIAN BK

HONOLULU, HAWAII

030189027 11-05-01 02 01000934

\*\*\* PAID \*\*\*

20011106

INCL

\*\*\* PAID \*\*\*

## HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF <b>1 November, 2001</b>		ACCOUNT NUMBER <b>19041 DL</b>	<p>The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation &amp; Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS  <b>DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817</b>			
<b>DRYWALL JOURNEYMAN 09/2001 DL</b>			<p>SIGNED BY <i>[Signature]</i> TITLE <i>[Signature]</i></p>
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

2 TOTAL HOURS WORKED  <b>53</b>	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H <b>\$827.80</b>
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	@ /HR	@ 4.32 /HR	@ .50 /HR	@ 5.00 /HR	@ 4.64 /HR	@ 5.02 /HR	@ 5.50 /HR	@ .30 /HR	
	\$	\$ 228.96	\$ 26.00	\$ 265.00	\$ +	\$ +	\$ 291.50	\$ 15.90	
LIQUIDATED DAMAGES OR ADJUSTMENTS	\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL DUE EACH TRUST	\$	\$ 228.96	\$ 26.00	\$ 265.00	\$ +	\$ +	\$ 291.50	\$ 15.90	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL  <b>LANGRIS, NORI</b>	APPRENTICE		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS  <b>53</b>	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.  <b>MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988</b>
	45%	50%			
9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.  <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH: PLEASE CONTINUE MAILING REPORT FORMS.  <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.					

RECORD OF PAYMENT

10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

**SIGTUE**

**TITLE**

5	EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6	SOCIAL SECURITY NUMBER	7	TOTAL HOURS	8	APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
		45%	50%						
	LAGRIO, NORA						53		<div> <b>MAIN BRANCH</b>  <b>FIRST HAWAIIAN BANK</b>  <b>TRUST GROUP</b>  <b>P.O. BOX 3708</b>  <b>HONOLULU, HAWAII 96811-9988</b> </div> <p><b>9 NO EMPLOYEES:</b> THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.</p> <p><input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.</p> <p><input type="checkbox"/> TRANSFER TO INACTIVE STATUS: WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.</p>
									<p><b>10</b>      <b>RECEIVE DATE:</b></p>

10 RECEIVE DATE:

Reports are due the following month

- Eight Hundred Twenty-seven REMITTANCE NO. 20/10

**NON – NEGOTIABLE**



# HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

## EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF

ACCOUNT NUMBER

1 December, 2001

19041 DL

FEDERAL I.D. NUMBER

STATE LICENSE NUMBER

019041

EMPLOYER NAME AND ADDRESS

DYNAMIC INTERIORS, INC.  
904 KOHOU STREET  
SUITE 103  
HONOLULU, HI 96817

DRYWALL JOURNEYMAN 09/2001 DL

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.

I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

SIGNED BY

TITLE

2 TOTAL HOURS WORKED

## 3 COMPUTATION OF CONTRIBUTIONS

4 NOTE: THIS REPORT IS ONLY FOR:

- ☐ CARPENTERS  
☐ DRYWALL  
☐ CAB. SHOP  
☐ ALLIED CRAFTS  
(CHECK ONE)

TOTAL OF COLUMNS A-H

A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY
@ /HR	@ 4.32 /HR	@ .50 /HR	@ 5.00 /HR	@ 4.64 /HR	@ 5.02 /HR	@ 5.50 /HR	@ .30 /HR
\$	\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$	\$
\$	\$ 864.00	\$ 100.00	\$ 1,000.00	\$	\$ 361.44	\$ 704.00	\$ 60.00

LIQUIDATED DAMAGES OR ADJUSTMENTS

TOTAL DUE EACH TRUST

\$ 3087.44

5 EMPLOYEE'S NAME LAST NAME &amp; 1ST INITIAL

APPRENTICE 45% 50%

6 SOCIAL SECURITY NUMBER

7 TOTAL HOURS

8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.

GIRALLOS, RICHARD

X

LAGRIO, NORI

72  
128

MAIN BRANCH  
FIRST HAWAIIAN BANK  
TRUST GROUP  
P.O. BOX 3708  
HONOLULU, HAWAII 96811-9988

9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

## 10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall.) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each month.

\$ 3087.44

CH 870

Jal



**DYNAMIC INTERIORS, INC.**  
GENERAL ACCOUNT  
904 KOHOU STREET, SUITE 103  
HONOLULU, HAWAII 96817  
PHONE: (808) 841-0215

59-177/1213

0720

PAY  
AMOUNT

One thousand five hundred twenty-six + 92/100

DOLLARS

CHECK  
AMOUNT

\$1,526.92

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
3/3/07	Hawaii Carpenters Joint Trust Funds	07. 2001 Report	720

HAWAII NATIONAL BANK  
HAWAII

MAIN BRANCH  
HONOLULU, HAWAII

MP

⑈000720⑈ ⑆121301772⑆

120001112⑈

⑈0000152692⑈



DEPOSIT WITH  
FIRST HAWAIIAN BANK  
UNION BATCH

Account No. 01-000934

DEC 06 2001

ABSENCE OF ENDORSEMENT BY THE PAYEE OF  
THIS CHECK IS GUARANTEED AND PROTECTED BY

FIRST HAWAIIAN BANK  
THE PAYEE'S ONLY APPOINTED AGENT

HONOLULU, HAWAII  
121301015

DEC -6 01

>121301015<

FIRST HAWAIIAN BK  
HONOLULU HAWAII

030162072 12-06-01 02 01000934

20011207  
INC

\* PAID \* \* PAID \* \* PAID \* \*

Back of  
check # 120